

plied Resolutions LLC

An Independent Review Organization

Phone Number:
(817) 405-3524

900 N Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063

Email: appliedresolutions@irosolutions.com

Fax Number:
(817) 385-9609

Notice of Independent Review Decision

Case Number:

Date of Notice: 05/21/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Family Medicine

Description of the service or services in dispute:

Physical Therapy (2wk6) or 12 sessions

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. On this date an overhead rolling door closed on top of her head. Re-evaluation dated 03/19/15 indicates that the patient returns following a three month absence from physical therapy for treatment of neck pain and dizziness. On physical examination reflex/sensory integrity is intact and equal bilaterally. There is pain with active left neck rotation. Spurling's is negative bilaterally. Strength is +4/5 extension, -3/5 flexion and -4/5 bilateral rotation and side bending. Active cervical range of motion is flexion 22, extension 40, left rotation 56, right rotation 58, left side bend 30 and right side bend 28 degrees. The patient has completed 21 physical therapy visits as of this date. Diagnoses are cervicgia and labyrinthine dysfunction.

Initial request for physical therapy (2wk6) or 12 sessions was non-certified on 03/25/15 noting that the patient has previously completed 21 supervised rehab sessions. There has been no lasting improvement. Cervical active range of motion on 03/19/15 is worse than on 12/09/14, per PT evaluation. There are no MD notes submitted for review. There is no ODG support for continuation of supervised rehab in this case. The denial was upheld on appeal dated 04/20/15 noting that the Official Disability Guidelines indicate that for cervicgia they recommend 9 visits of physical therapy. The patient has already participated in 21 visits of physical therapy. There is a lack of documentation of objective functional improvement with the previous therapy and a lack of documentation of exceptional factors to justify the additional supervised visits over participation in a home exercise program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has completed 21 physical therapy visits to date. The Official Disability Guidelines support up to 9 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has not made significant progress with treatment completed to date in order to establish efficacy of treatment and support additional sessions in excess of ODG recommendations. There are no MD notes

submitted for review. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for physical therapy (2wk6) or 12 sessions is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)